

## PUBLIC SERVICES DISCRIMINATION QUESTIONNAIRE

### 7. INFORMATION ABOUT THE PUBLIC SERVICE INVOLVED IN YOUR COMPLAINT

\_\_\_\_\_  
Name of organization or government agency Phone number (\_\_\_\_)

\_\_\_\_\_  
Street address City State Zip

Date and time of incident: \_\_\_\_\_

Do you have an attorney? ☐ Yes ☐ No If yes, name of attorney \_\_\_\_\_

Attorney's address \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Have you filed with any of the following agencies? ☐ Yes ☐ No If yes: Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Charge # \_\_\_\_\_

☐ U.S. Dept. of Justice ☐ State Department of Human Rights ☐ Other \_\_\_\_\_